PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

09920386

(Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			12				ſ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			/2 minus 20=		. 0			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			g mi	nus 3 =	0		Ī	X40=		OR	X80=		
ΜÜ	ILTIPLE DEPEN	IDENT CLAIM P	RESENT				ı	+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	355	OR	TOTAL		
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
		(Column 1)		(Colur		(Column 3)	_	SMALL			SMIALL		
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE X\$ 9=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	· 17	Minus	** 1	70	=				OR	X\$18=		
NE NE	Independent	· 3	Minus	***	3	=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
			•				-	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)										_		
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 17	Minus	• 0	20	=		X\$ 9=		OR	X\$18=		
ME	Independent	. 3	Minus	***	3	=/		X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	CLAIM	/	'	+135=		OR	+270=		
							-	TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		3		X\$ 9=		OR	X\$18=		
RE	Independent	•	Minus	***	- 01 411 -	-		X40=		OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										TOTAL	<u> </u>	
	"If the entry in column 1 is less than the entry in column 2, write "Un column 3." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 8/00)

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